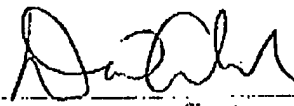
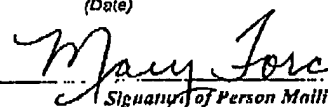


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 122938 (CEM-0042)
Applicant(s): Arenson, et al.			
Application No. 10/064,541	Filing Date July 25, 2002	Examiner Allen C. Ho	Group Art Unit 2882
Invention: A RADIATION EXPOSURE LIMITING SCHEME			
RECEIVED CENTRAL FAX CENTER AUG 30 2004			
<p>I hereby certify that this <u>Amendment Transmittal and Amendment Under 37 CFR 1.116 (19 pgs)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>August 30, 2004</u> (Date)</p> <p style="text-align: right;"><u>Mary Forcier</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u>Mary Forcier</u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 122938 (GEM-0042)	
Applicant(s): Arenson, et al					
Application No. 10/064,541	Filing Date July 25, 2002	Examiner Allen C. Ho	Customer No.	Group Art Unit 2882	Confirmation No. 1272
Invention: A RADIATION EXPOSURE LIMITING SCHEME					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	36	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6	5	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: August 30, 2004		
David Arnold, Reg. No. 48,894 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right; margin: 0;"><i>Transmitted via facsimile</i></p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.01(a)).</p> <p style="text-align: right;">(703) 872-9306</p> <p style="text-align: center;">on <u>August 30, 2004</u> (Date)</p> <p style="text-align: center;"> _____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Mary Forcier _____ Typed or Printed Name of Person Mailing Correspondence</p> </div>		
CC:					